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ABSTRACT

In recent years, organizational analysts have examined the dynamics of organizational commitment both in production and service industries. These efforts have attempted to identify the antecedents and consequences of organizational commitment. The linkages between organizational commitment, employees' intention to remain, and attitudes towards absenteeism were examined among health professionals (N=368) at two hospitals. Work climate, quality of work life, and physician relations were most closely related to commitment and intention to remain. Burnout was the most potent concomitant of attitude towards absenteeism. The findings suggest that programs designed to reduce absenteeism should not be expected to have much impact on turnover since the two variables appear to be relatively independent. (Author/JAC)

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The Relationship Between Organizational Commitment, Intention to Remain and Attitude Towards Absenteeism

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The Relationship Between Organizational Commitment, Intention to Remain and Attitude Towards Absenteeism

In recent years, the organizational analysts have examined the dynamics of organizational commitment both in production and service industries. Implied in this concept of organizational commitment is the individual's identification with an organization. More specifically, it is the extent to which the individual has embraced organizational goals as his/her own. Other aspects of commitment include personal involvement with the work role and feelings of loyalty or attachment to the company. Consequently, existing scales designed to measure organizational commitment (e.g.; Buchanan, 1974; Porter, et.al. 1974)are characterized by the intention to tap these domains of identification, involvement, and loyalty.

Given that framework, the research related to organizational commitment has generated considerable interest and attention (Mowday, Porter & Steers, 1982). The thrust of these efforts has been to identify the antecedants and consequences of organizational commitment (e.g.; Buchanan, 1974; Marsh & Mannari, 1977; Patchen, 1970; Steers, 1977).

Typically, commitment is positively related to such worker characteristics as age and tenure (e.g.; Hrebiniak, 1974; Koch & Steers, 1976; Steers, 1977) but negatively to education (e.g.; Angle & Perry,1981; Hall, 1970). Functional organizational variables positively associated with commitment include opportunity to achieve (Buchanan, 1974; Hall, Schneider & Nygren, 1970; Patchen, 1970), peer group cohesion (Buchanan, 1974; Steers, 1977), work involvement norm (Buchanan, 1974) organizational dependability (Buchanan, 1974; Steers, 1977) and opportunities for participation (Patchen, 1970).

Conversely, the relationship between structural organizational variables and organizational commitment has received suprisingly little attention. Only two studies were disclosed that investigated this topic (Morris & Steers, Note 1; Stevens et a., 1978). Morris and Steers found commitment was related to decentralization, formalization (the availability of written rules and procedures concerning a job) and functional dependence (the extent to which one's work is dependent on the work of others). Interestingly, Stevens et al (1978) found no evidence for postulated relationships between commitment and each of the four structural variables: organizational size, union presence, span of control and centralization of authority.

From the definition of organizational commitment, it follows that one consequence should be a strong sense of attachment or desire to remain with the organization. Indeed, the burgeoning evidence consistently shows organizational commitment and longevity on the job to be positive y related (e.g.; Koch & Steers, 1978; March & Mannari, 1977; Porter et al, 1974; Price & Mueller, 1981; Steers, 1977).

Additional links between commitment and employee absenteeism and performance have been postulated (Steers, 1977). However, support for the relationship between job attendance and performance is thus far, weak. In fact, Steers and Rhodes (1978) argue against treating turnover and absenteeism as similar processes since compared with turnover, absenteeism is more spontaneous and has fewer negative consequences for the employee.

The present study examines the consequential linkages between organizational commitment and employees' intention to remain and attitude towards absenteeism. Also examined are the antecedant links between employee characteristics and organizational characteristics (both functional and structural)and organizational commitment.

Subjects

Two voluntary general hospitals were utilized in this study, both in a large urban area in Northern New Jersey. Both have over 500 beds. The sample consisted of the entire nursing staff as well as aides, orderlies and technicians. Of 458 questionnaires distributed at Hospital A, 174 were returned for a response rate of 38 percent. At Hospital B, 825 questionnaires were distributed and 194 were returned for a response rate of 23.5 percent. All shifts were included.

Procedure

A 20 item questionnaire was constructed incorporating a variation of the Porter et al (in Mowday, Steers & Porter, 1979) short-form scale of organizational commitment. Other items were included to tap some of the functional organizational variables thought to relate to commitment. Also added were items on intention to remain with the organization and attitude towards absenteeism. A brief background questionnaire followed these items. Information about unit size was obtained from the hospital administration.

Results

Initially, the questionnaire was factor analyzed and six factors emerged. One factor was composed of those items forming the organizational commitment scale. The other factors were labeled quality of work life, work climate, organizational performance norms,

physician relations, and burnout.

Those items which loaded most highly helped to define the factors. Quality of work life, was used to designate opportunity for participation, sense of involvement and organizational equity. Organizational commitment measured sense of dedication, identification, loyalty and pride of belonging to the organization. Burnout described the sense of futility of purposeful work involvement, a sense of cynicism. Physician relations tested the respondent's perception of how physicians accepted the views of others. Climate examined hospital atmosphere at various levels such as those represented by co-worker relationships and organizational policies. Organizational performance norms described the standards of excellence imposed by the organization and the perceived willingness to comply.

A stepwise regression analysis of hospital commitment for each hospital (table 1) reveals that generally, the same factors emerged for both hospitals but their relative importance varies.

Insert Table 1 About here

In Hospital A, using the standardized coefficient, those factors which most closely related to hospital commitment were physician relations, work climate, burnout, quality of work life and organizational performance norms. In Hospital B, The constellation of factors included work climate, quality of work life, organizational performance norms, physician relations, and education which was negatively related. Thus, burnout or rather lack of it (since scoring on those items was reversed)was a relatively important factor in Hospital A but not entered in Hospital B.
Education, a factor in Hospital B, was not a factor in Hospital A. For both, age was weakly related. Looking at the four most strongly

related factors for both hospitals, work climate, quality of work life and physician relations emerge in both cases. While all of the functional organizational variables related to commitment, none of the structural ones such as unit size or work unit related. In part, this can be explained by a reluctance of respondents to identify the units in which they worked.

The linkages between organizational commitment, intention to remain and attitude towards absenteeism are illustrated in Table 2.

Insert Table 2 About Here

For both hospitals, a strong relationship exists between intention to remain and organizational commitment. A positive relationship also exists between commitment and attitude towards absenteeism, but this is less strong than the link to intention to remain. With Hospital B, the disparity in strengths of the relationship is even more dramatic. The most powerful relationship is between organizational commitment and intention to remain. Although significant, a weak link exists between commitment and attitude towards absenteeism.

To gain further understanding of those factors involved with intention to remain and attitude towards absenteeisim, they were analyzed using stepwise regression analysis.

Insert Table 3 About Here

Clearly different patterns of predictors emerge for each variable. In Hospital A, for intention to remain, age is the most significant factor followed by physician relations, quality of work life and work climate. In Hospital B, quality of work life and work climate are the dominant elements relating to intention to remain accompanied with respondent age and tenure.

Insert Table 4 About Here

The analysis of attitude toward absenteeism clearly indicates

that burnout (cynicism towards the organization and sense of futility) is the most influential factor and that holds for both hospitals. Structural factors did emerge here; unit size in Hospital A is negatively related. That is, the larger the unit the less favorable the attitude is toward attendance. In Hospital B, work unit is positively related. This means that as the technology utilized within the unit increased so did the likelihood for expressing disapproval of unjustified absences.(An example of a unit using less technology would be pediatrics ; one using "high technology" would be intensive care.) Organizational performance norms were important in Hospital A but not in Hospital B.

Discussion

For both hospitals, the relationship between organizational commitment and intention to remain is evident. However, the factors which contribute to both differ in importance for each hospital. In Hospital A physician relations and quality of work life are contributors to both commitment and intention to remain. Here we speculate that the sense of organizational loyalty is enhanced by professional acceptance by physicians coupled with opportunities for participation and involvement. In this hospital the opportunities for participation are probably more significant if physicians are involved as well as other hospital personnel. Since the sample was largely, though not entirely, composed of nurses this explanation becomes even more plausible given the push among nursing professionals for greater involvement in health care decisions.

In Hospital B, the two most dominant factors for both commitment and intention to remain are quality or work life and work climate (the atmosphere generated by atitudes among coworkers and towards administration). The sense of commitment in this hospital is also

enhanced by opportunities for participation but the "with whom" becomes colleagues and administration rather than physicians. Since this hospital is affiliated with a school of medicine perhaps the physicians often students, are either included in the concept of colleagues or simply not accorded as much status as in Hospital A. Regardless of the interpretation, what emerges is the strong link between commitment and intention to remain for both hospitals but varying or personalized interpretation of what commitment means within each hospital. Thus, any program designed to improve turnover by enhancing commitment had best begin by diagnosing those factors that contribute to commitment within the organization.

The link between absenteeism and commitment is less clear. In fact, burnout is the most potent concommitant of attitude towards absenteeism. This finding lends support to that of Spencer and Steers (1980) who found turnover and absenteeism to be relatively independent behaviors.

Given that burnout is linked to absenteeism, this suggests that absenteeism is a coping mechanism. This holds true especially where no alternative exists to leaving the organization. Indirect support for this postulate was found within Hospital B. Here employees with more education were less likely to approve of taking unwarranted time off. Employees working on units that required greater technical skills such as coronary care units or intensive care units were similarly less likely to condone absenteeism. This clearly requires further examination since it contradicts current understanding about the burnout process.

Both more education and technical skills might lead an individual to perceive that he or she has greater occupational alternatives and thus feel less trapped. This reasoning, however,

needs to be directly tested. In Hospital A, organization performance norms did relate to attitude towards absenteeism. Organizational performance norms refer to the standards of excellence imposed by the management of the organization. Where high standards are perceived, there is less support for absenteeism. Possibly this points to the need for leadership to set high performance standards and to demonstrate accompanying behavior. Additionally, those in Hospital A who worked in smaller units were also less likely to approve of absenteeism.,

One implication of this research is that programs designed to reduce absenteeism should not be expected to have more than incidental impact on turnover since the two are relatively independent. Reduction of turnover could be possibly implemented by improving functional variables such as work climate and quality of work life. Application of such techniques as the quality control circle might be useful in a service (i.e., hospital) setting. Absenteeism seems to be more sensitive to structural factors so that techniques which involve changing the size and composition of the work group might be helpful. Clearly more research needs to be done to further examine the relationships of burnout, absenteesim and alternative opportunites for employment as well as evaluation of various techniques to help stem the flight of the professional from hospital service.

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Table 1

Stepwise Analyses of Hospital Commitment

Hospital A			Hospital B		
Factor	Std. Coeff.	p	Factor	Std. Coeff.	p
Physician Relations	.264	<.001	Work Climate	.265	<.001
Work Climate	.184	<.01	Quality of Work Life	.246	<.001
Burnout	.177	<.01	Org. Performance Norms	.152	<.05
Quality of Work Life	.168	<.05	Physician Relations	.129	<.05
Org. Performance Norms	.141	<.05	Education	-.127	<.05
Respondent Age	.142	<.10	Respondent Age	.134	<.10
Tenure	.137	ns	Tenure	.095	ns
Multiple R = .672; f = 19.55; df 7,166		<.001	Multiple R = .635; f = 17.94; df 7, 186		<.001

Table 2

Correlational Matrix for Intention to Remain,
Attitude Toward Absenteeism and Organizational Commitment

	Hospital A			Hospital B		
	1	2	3	1	2	3
1	1.000			1.000		
2	.199**	1.000		.129	1.000	
3	.588***	.345***	1.000	.681***	.195**	1.000

1 = Intention to remain; 2 = Intention to attend; 3 = Organizational commitment

* $p < .05$

** $p < .01$

*** $p < .001$

Table 3

Stepwise Analyses of Intention to Remain

Hospital A			Hospital B		
Factor	Std. Coeff.	p	Factor	Std. Coeff	p
Respondent Age	.274	<.001	Quality of Work Life	.262	<.001
Physician Relations	.193	<.01	Work Climate	.221	<.001
Quality of Work Life	.181	<.05	Respondent Age	.217	<.01
Work Climate	.150	<.10	Tenure	.182	<.05
Org. Performance Norms	.083	ns	Unit Size	-.090	ns
Work Unit	-.076	ns			
Multiple R = .534; f = 10.93; df 6,164		<.001	Multiple R = .594; f = 20.28; df 5, 186		<.001

Table 4

Stepwise Analyses of Attitude towards Absenteeism

Hospital A			Hospital B		
Factor	Std. Coeff.	p	Factor	Std. Coeff.	p
Burnout	.273	<.001	Burnout	.225	<.01
Org. Performance Norms	.212	<.01	Education	.217	<.01
Unit Size	-.157	<.05	Work Unit	.162	<.05
Respondent Age	.097	ns	Respondent Age	.148	<.05
			Work Climate	.131	<.10
			Org. Performance Norms	-.057	ns
Multiple R = .407; f = 8.35; df 4,168		<.001	Multiple R = .413; f = 6.31; df 6, 184		<.001